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CONFIRMATION NO. 7810

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10/568,093	11/13/2006 RULE	435	1641	108140.00041	
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** CONTINUING DATA ***** This application is a 371 of PCT/GB04/03512 08/16/2004					
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 0319167.3 08/15/2003					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/07/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LISA V COOK/</u> <small>Examiner's Signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	STATE OR COUNTRY FRANCE	SHEETS DRAWINGS 23	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
ADDRESS ARENT FOX LLP 1675 BROADWAY NEW YORK, NY 10019 UNITED STATES					
TITLE Diagnostic method for stroke					
FILING FEE RECEIVED 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		